24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Freedom Partners Action Fund, Inc.	C C00564765
	U
Check if 24-hour report 48-hour report New report Amends report fi	iled on M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
1360	03 16 2016
Mailing Address PO BOX 37046	Amount
City State Zip Code	1553600.00
BALTIMORE MD 21297	Transaction ID : SE24.491
	Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE Category/ Type	03 / 10 / 2016
Name of Federal Candidate Support O	ffice Sought: House District:
TED STRICKLAND Oppose	President X Senate State: OH
Calendar Year-To-Date	sbursement For: Primary X General
	Other (specify) Other
Full Name of Payee I360	Date of Public Distribution/Dissemination
1300	03 16 2016
Mailing Address PO BOX 37046	Amount
City State Zip Code	280443.00
BALTIMORE MD 21297	Transaction ID : SE24.492
Purpose of Expenditure MEDIA DI ACEMENT, DICITAL Category/	Date of Disbursement or Obligation
MEDIA PLACEMENT - DIGITAL Type	03 15 2016
Name of Federal Candidate Support O	ffice Sought: House District:
TED STRICKLAND Oppose	President X Senate State: OH
	isbursement For: Primary X General
	Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	1834043.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) 15112 mappindarit Expondition	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Thomas F. Maxwell III [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	